

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	10/1
O.I.P.E. CLASSIFIER		7	10-5-99
FORMALITY REVIEW	E.R.L.	70622	10-14-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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